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Noemi Chapa	(Depositor's name
Moemi Chase	(Signature
October 5 2005	(Date
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TOTAL FEE(C) DUE

DATE DUE

APPLICATION NO.	FILING DATE	FIRST	FIRST NAMED INVENTOR			10. CO	CONFIRMATION NO.	
10/084,724	62/25/2002		Daniel Pelletier				8256	
TITLE OF INVENTION: SYSTEM	AUTOMATICALLY	SWITCHED CAMERA SYS	STEM WITH INDICATOR	FOR NO	TIFYING THE NEXT	SUBJECT	OF THE	CAMERA

APPEN. ITTE	SWALL ENTITE	13306 F	DE:	FUBLICATION FEE	TOTAL FEE((3) DUE	DATE DOE
nonprovisional	nonprovisional NO \$1400)	\$300	\$170	0	11/25/2005
. EXA	MINER	ART UN	IT	CLASS-SUBCLASS			
YE, LIN 261		5 348-207990					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, listeness of up to 3 registered patent OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed.	member a es of up to	Larry	Liberchur

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KONINKLIJKE PHILIPS ELECTRONICS N.V.

Eindhoven, The Netherlands

DUDLICATION FEE

Please check the appropriate assignee category or categories (will not be	be printed on the patent):
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
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Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $14-1270$ (enclose an extra copy of this form).
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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Authorized Signature

10-3-05

Registration No. 40,352

Larry Liberchuk Typed or printed name _

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